

Patella-Femoral Rehabilitation Framework

General Rehabilitation Philosophy:

I want patients to focus on learning a home program that they can use on a daily basis. I view the therapist's role as one of physically helping the patient with ROM/stretching in the early phases, and providing instruction, support, and feedback in the later phases. Wherever possible, please use CKC exercises, plyometrics, etc., and avoid OKC activities.

I am not a fan of modalities, massage, etc., which I view as an expensive and temporary relief measure. I will need a good, objective reason to recommend these other than in the early, acute phase.

Insurance companies monitor the number of patient visits authorized by physicians. For this reason, I appreciate (and will therefore refer more patients to) therapists who minimize the number of patient visits required to achieve our goals. I will often stop therapy abruptly – this is not a reflection on you, but rather that I am trying a new care plan.

I encourage any physical therapist taking care of my patients to please call me with any questions regarding their care.

Rehabilitation Framework	
1	Quadriceps isometrics in extension, focus on VMO contraction
2	For acute cases, consider quad electrical stim./ feedback to overcome inhibition
3	Straight leg lifts without weight, progress to use of ankle weights
4	Retro walking on treadmill
5	Short-arc "mini" squats
6	Short-arc "mini" leg-press
7	Hip/ankle PRE's
8	Hamstring stretch
9	Patellar mobilization/lateral retinacular stretching
10	Stationary bike (short arc crank to start if inflamed)
11	Patella taping only to facilitate other rehab efforts if inflammation inhibiting activity
12	Generalized CV conditioning/cross training
13	Consider use of arch support orthoses if significant pes planus
14	Discuss activities to AVOID: a) OKC knee extension b) Large arc knee extension activity c) Impact loading of patellofemoral joint

Number of visits: Most patients can be taught the exercise program in 1-2 visits. They will then return 1x/wk for 2-3 weeks to review progress and advise. I will thus usually advise 3-5 visits. Emphasis should be placed on commitment to a long-term home program.